

Recommendations from Maine CDC on Revisions to the LHO System

1. Update LHO Statute (with the goal of narrowing LHO functions)

Desired Outcome:

- *LHO statute updated with narrower focus on governmental functions related to **controlling** public health nuisances (a type of environmental health threat), infectious diseases, and public health emergencies.*

Why?

- Some statutes governing LHOs are completely redundant with other statutes, including some governing social services, CEOs (Code Enforcement Officers) and ACOs (Animal Control Officers).
- 26 LHO Statutory functions lack any focus and are considered too broad to effectively recruit and retain LHOs.

What?

- Undertake review of LHO statute with comparisons to statutes governing other local government officials (CEO and ACO) and state agencies.
- Identify those LHO statutory functions that have significant overlap with other statutory entities and that for functional reasons (to improve functional efficiency, cost effectiveness, etc.) may be considered for being moved to another entity.
- Work with Maine Municipal Association, Public Health Work Group, and other stakeholder organizations for input to possible changes.

2. Strengthen the LHO System

Desired Outcome:

- *A trained and networked LHO workforce.*

Why?

- Many public health nuisances and some infectious disease control strategies (quarantine, social distancing) need a local community authority.
- A LHO System also provides a linkage between state public health and every local municipality.

What?

- With narrower focus (from updated LHO statute), Maine CDC to provide regular regional trainings to LHOs.
- Maine CDC to set up communication network for LHOs, including possible list serve, regular regional meetings, web site with updated manual and other resources.

3. State and Regional Support for LHO System

Desired Outcome:

- *Maine CDC identifies “go-to” staff to provide assistance to LHOs, including Regional Nurse Epidemiologists and a central staff person.*

Why?

- LHOs expressed the need for regional and/or state professional public health assistance.
- A number of LHOs also stated strong concerns about not creating a bureaucratic layer between state agencies and LHOs.

What?

- Maine CDC to identify an Augusta-based staff person to assist LHOs, especially with environmental health (nuisance) issues.
- Maine CDC Regional Nurse Epidemiologists (Regional Epi)s to provide support to LHOs, especially with a focus on infectious disease issues.
- Examples of possible Regional Epi support for LHOs:
 - Liaison between LHOs and Maine CDC and other state agency staff, including Public Health Nurses and Health Inspectors
 - Provide clinical and public health professional to LHOs
 - Provide some current LHO functions such as outbreak investigations and disease reporting (Regional Epi)s currently do this)
 - Work with EMA Directors and LHOs on public health emergency preparedness

Benefits of These Recommendations

- Revises a 100+ year-old system, primarily within existing resources.
- Maintains and strengthens a LHO System as a local system mainly focused on some governmental public health functions of controlling public health nuisances and infectious diseases.
- Implements efficiencies in current system by revising statutory functions.
- Does not create another bureaucratic layer between state and local government (a viewpoint shared by a number of respondents).

Some Questions and Issues on Draft Recommendations

- What should the relationship be, if any, between a system of comprehensive community health coalitions and LHOs/Regional Epi)s? How can these two systems interface in a meaningful and mutually beneficial way? Possibilities include asking the coalitions to maintain an updated list of LHOs and to host regional trainings (Maine CDC would still be responsible to conduct the trainings). Also, this linkage could help inform the coalitions to needs in their region pertaining to infectious disease or environmental threats.
- What would relationship be between other aspects of a local/regional public health infrastructure and LHOs/Regional Epi)s?
- How to use existing resources for this proposal:
 - Maine CDC currently has 6 Regional Nurse Epi)s, all funded with Federal Bioterrorism/Public Health Emergency Preparedness funding. This proposal includes expansions of their current role, which means we would need additional Regional Epi positions and funding. As a first step, we propose using Federal pandemic influenza dollars to fund two additional positions for the next year or two.
 - Maine CDC may be able to implement communication network for LHOs with federal pandemic influenza funding. We will work on identifying a central staff person to head up this effort and be the state “go-to” person for LHOs.